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AUTHOR Guttman, Rosalie A.
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ABSTRACT

With the increased use of paraprofessionals as service providers to the elderly, and indication in current literature that negative attitudes toward the aged are reflected in treatment received, the need for specialized training in geriatrics is apparent. A true-false 54-item questionnaire concerning older people's social, economic, physical and mental conditions was administered to a control group of 28 Ss and as a pre- and post-test to two groups of 20 Ss who participated in two training programs designed to prepare older people age range 55-75 (mean educational level nine years) to work as health assistants with homebound elderly patients. The training was a 100-hour, four-week program geared to increase understanding of normal and pathological aging and development of interpersonal and clinical skills. Material relating to each questionnaire item was presented and reinforced during training, using lecture, discussion, audio-visual and experiential techniques. Specialized training positively affects factual learning and attitude change of older individuals. (Author)

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IMPACT OF TRAINING ON ATTITUDES OF OLDER PARAPROFESSIONALS TOWARD AGING

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Rosalie A. Guttman
Five Hospital Homebound Elderly Program
Chicago, Illinois

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IMPACT OF TRAINING ON ATTITUDES OF OLDER PARAPROFESSIONALS TOWARD AGING

Since the turn of the century the number of Americans 65 years and older has risen from three million to over 21 million (Burnside, 1976; Harris, 1975). One of the major factors contributing to the rise in the aged population is better health care which has lengthened the average life-span by preventing early mortality from acute and infectious diseases. A concomittant of this increased longevity is a rise in the number of elderly who have chronic illnesses and disabilities. It is estimated that 80% of all older persons have some form of chronic health problem. Of these some four per cent are institutionalized, another four per cent are homebound and 24% have some limitation in activity (Harris, 1975). It can be anticipated, therefore, that at least one of every five Americans 65 and over will need services during their later years.

There is growing recognition that many institutionalized older people could be adequately cared for in their homes with minimal supports and that social benefits to the individual and the community are greater when institutionalization is avoided. In addition, because of the high cost of institutional care, concerned policy makers have begun to look at home care as less costly, more beneficial alternative (Trager, 1972; Senate Committee on Aging, 1975).

In general, the problems which confront the older person in need of services at home relate to the circumstances of chronic illness: i.e. fluctuation in physical mobility and the resultant breakdown in ability to manage adequately the activities of daily living - maintaining a clean environment, personal care and optimal nutrition, as well as the secondary social and psychological components which ensue as a result of physical losses.

Traditionally, homemaker/home health aides have been employed as fairly autono-

mous substitutes for heads of household, usually to temporarily replace the mother in dysfunctional families. In those situations where the mother was present, but physically unable to perform her usual tasks, the homemaker's role was supplementary. With the demographic changes already discussed more and more homemaker/home health aides are now working with older adults. This has resulted in a change in the role of the homemaker/home health aide almost to the point where it is exclusively supplementary and not autonomous any longer. Also the kinds of tasks performed may be different.

With regard to these issues, several questions arise: namely, who will care for the increasing number of elderly who need services at home and how should they be trained for this role?

With the emerging acceptance of post-retirement aged individuals as contributors to the work force it is the proposal of this and other authors that home health service providers to the elderly be drawn from the population of under-utilized older men and women who are unemployed and successfully adapting to their own aging and who make good role models. Another potential resource that is suggested is the middle-aged housewife whose children are grown, who is interested in entering the work force and who may not have had specialized training or other marketable skills.

With regard to these questions, it is imperative that attention in the training period be paid to both conceptual knowledge of and attitudes toward the aging process.

This view is substantiated by current literature which indicates that negative attitudes toward the elderly are reflected in the treatment they receive (Burnside, 1976, Gillis 1973, Merrill and Guntner, 1969; Thorson, 1975; Troll and Schlossberg, 1970). The major social factor affecting quality of care is the generally low social valuation of, and consequent negative attitudes towards the aged (compared to other age groups). Previous research has

indicated that attitudes toward aging vary by educational level: the lower the amount of education, the higher the frequency of negative and stereotypic attitudes - a notable exception being physicians (Butler, 1975; Etzioni, 1961; Kosberg and Gorman, 1975; Spence and Feigenbaum, 1968). Further, as a result of societal and cultural influences, many older people who themselves are well functioning, healthy and productive have negative attitudes towards aging and the elderly. They perceive the aged as childlike, dependent, out of control, needy and so on. And these attitudes and stereotypes persist in spite of factual information disseminated through the media. It can be speculated that negative sentiment and dependent evaluations of elderly patients or clients contribute to paternalistic treatment, increased dependency and negative self-image.

Numerous investigators have drawn attention to the importance of maintaining a sense of competence, autonomy and control over their lives as essential to elderly peoples' physical and emotional well-being (Butler and Lewis, 1973; Gresham, 1976: Townsend 1971).

It is likely that, more and more, concrete services to the impaired elderly in their homes will be provided by para-professional minimally skilled older people with low educational levels. The importance of specialized training and education which stresses, in addition to task-orientated skills, an understanding of the facts about aging and the psycho-social needs of the people whom they serve is paramount if care-givers are to respect the right of the elderly to direct their own care.

The purpose of this study was to determine first, whether in fact, well functioning older people with demonstrated interest in working with a homebound elderly population did hold negative views about aging and second, to establish whether a positive learning climate can impact and bring about changes in attitude.

METHOD

A true-false, forced choice 54 item questionnaire (adapted from "Myths and Realities about Senior Citizens - Davis, 1975) concerning older people's social, economic, physical and mental conditions was administered to a control group of 28 subjects age range 65-85 who were members of a senior centre (group A), and as a pre- and post-test to two groups (Experimental groups B & C) of 20 subjects who participated in training programs designed to prepare under-or unemployed older people - age range 55-75 (with a mean educational level of nine years) to work as health assistants with homebound elderly patients.

The training consisted of a 100 hour, four week program geared to increase understanding of normal and pathological aging, development of inter-personal and clinical skills, and increasing and reenforcing positive attitudes regarding the elderly.

Material relating to each questionnaire item was presented in a positive and factual way and reinforced and reviewed during training, using lecture, discussion, audio-visual and experiential techniques.

The subjects were told that completion of the questionnaires would help in evaluating the effectiveness of the training program.

T tests were used to determine inter-group and pre and post-test intra-group score differences.

RESULTS

Results of this study were measured in terms of factual learning and attitude change. T tests performed at the .05 level of significance showed no differences between the control group scores and the experimental subjects' pre-training scores indicating similar level of knowledge and consistent attitudes. However, there were significant differences

at the .01 level between the two experimental groups pre- and post-test scores, indicating a gain in factual learning and positive attitude change.

For purposes of analysis, the questionnaire items were divided into two categories, those that primarily reflected factual knowledge and those that mainly reflected stereotyped or attitudinal concepts. Examples of the former are "The aging process is irreversible" and "census data show that whites live longer than other racial groups." Examples of the latter are "sex after 65 is not healthy for older people" and " adult children have a moral obligation to keep their elderly parents at home."

Although the data showed significant percentage increase of correct responses overall, the highest percentage increase was in thosequestions which reflected attitude or value judgement.

CONCLUSIONS

This study confirms that even older people who are well-functioning themselves generally hold negative and stereotypic views about aging and that education and training does impact and bring about change in positive attitudes and acquisition of factual knowledge. Further, it reaffirms that older people with relatively low educational background are capable of learning and changing their views and supports the view that specialized training is very important and that development of such training programs is essential if we are to effect quality of care for the elderly.

Appendix

PRE-POST ASSESSMENT QUESTIONAIRE

Pre-Post Assessment Questionaire (Adapted from Myths and Realties About Senior Americans, Fredric W. Davis, Ed.)

		T	F
1)	There are approximately 21 million persons in the United States over the age of 65.....	( )	( )
2)	At present death rates, the older population is expected to increase 46% by the year 2000.....	( )	( )
3)	If you are a woman of 65 you can expect to live 16 more years.....	( )	( )
4)	Census data shows that whites live longer than other racial groups.....	( )	( )
5)	Most men 65 and over are married.....	( )	( )
6)	40% of the 65 and over group have had no nigh school education...	( )	( )
7)	Of the population 65 and over, one person in four is gainfully employed....	( )	( )
8)	About 40% of all Older Americans live in their own house holds.....	( )	( )
9)	Almost 10% of the Aged live in institutions....	( )	( )
10)	80% of the elderly have chronic health problems.....	( )	( )
11)	About one million couples aged 65 or over had income under $3000 in 1973..	( )	( )
12)	The Aging Process is something that can't be reversed.....	( )	( )
13)	The elderly change their behaviour as their situntions change.....	( )	( )
14)	Health, companionship, status, income, and self-esteem influcence the way elderly behave.....	( )	( )
15)	There are many characteristics which are typical of the aged alone	( )	( )
16)	The isolated elderly tend to degenerate rapidly when physical vitality is lost..	( )	( )
17)	As you grow older your ability to reason declines.....	( )	( )
18)	Old people are difficult to get along with.....	( )	( )

PRE-POST ASSESSMENT QUESTIONAIRE

Check TRUE or FALSE, that which best describes your feelings about each statement.

		T	F
19)	Slower mobility decreases effectiveness	( )	( )
20)	Retirement is one of the most drastic social changes faced by older persons	( )	( )
21)	Old people know what society expects of them	( )	( )
22)	Sex after 75 is not healthy for older people	( )	( )
23)	Pursuit of more education after retirement is useless to old people	( )	( )
24)	Old people perform better than young people when the task requires judgment and understanding	( )	( )
25)	Negative attitudes about old people are so strong in the young that they think negatively of themselves in their own old age	( )	( )
26)	Most people have no problem touching old people	( )	( )
27)	Many aged persons should not live alone	( )	( )
28)	Malnutrition is not very common among old people	( )	( )
29)	Most old people are fearful of, and do not want to discuss dying	( )	( )
30)	Senility is unavoidable in old age	( )	( )
31)	Many doctors prefer not to provide medical care to the chronically ill	( )	( )
32)	Ninety percent of the elderly are registered to vote	( )	( )
33)	The aged have little contact with their families and social relationships	( )	( )
34)	The elderly resent young people	( )	( )
35)	Most old people do not adjust easily to life; they withdraw rapidly	( )	( )

PRE-POST ASSESSMENT QUESTIONAIRE

Check TRUE or FALSE, that which best describes your feelings about each statement.

	T	F
36) The elderly respond quickly to stress	( )	( )
37) Aging does not cause chronic diseases in the elderly	( )	( )
38) Social Security is not the largest source of income for the elderly	( )	( )
39) Retirement income for non-whites is lower than for whites	( )	( )
40) Older people return to a normal functioning state as quickly as younger people	( )	( )
41) There is sufficient public housing for the elderly	( )	( )
42) About 1 of 4 older persons lives in the home of one of their adult children	( )	( )
43) Nursing homes and public institutions are the only choices the disabled or chronically ill older person has	( )	( )
44) Most nursing home care is of excellent quality	( )	( )
45) A majority of old people do not need to be institutionalized	( )	( )
46) Adult children have a moral obligation to keep their elderly parents at home	( )	( )
47) People over 65 are not as bright or productive as young people	( )	( )
48) The elderly require less protein than younger people.	( )	( )
49) Most marriages in later years are a mistake	( )	( )
50) It is best not to discuss a pending operation with an old person	( )	( )
51) Older people should be discouraged from dwelling on the past	( )	( )
52) There are no tax relief programs for the elderly	( )	( )
53) Young people have positive expectations of old age	( )	( )
54) About half of the elderly in America are over 75 years of age	( )	( )

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